

Fill in this information to identify the case Main Document Page 1 of 3

Debtor 1 Cathy Renee Talley  
 First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Missouri  
 (State)

Case number: 09-42734

**Form 1340 (12/19)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

|                                                                          |                                                                                                                |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Amount:                                                                  | <b>\$1,117.83</b>                                                                                              |
| Claimant's Name:                                                         | Spring Solutions, LLC Assignee to Cathy Renee Talley                                                           |
| Claimant's Current Mailing Address, Telephone Number, and Email Address: | Spring Solutions, LLC<br>P.O. Box 334<br>Glen Burnie, MD 21060<br>springsolutionsllc@gmail.com<br>410.760.5841 |

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

## 4. Notice to United States Attorney Main Document Page 2 of 3



Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
Western District of Missouri  
 400 E. 9th St., Rm. 5510  
 Kansas City, MO 64106

## 5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 12/02/2020

Marg'ette Porter  
 Signature of Applicant

Marquette Porter, Managing Member of Spring Solutions, LLC

Printed Name of Applicant

Address: Spring Solutions, LLC  
 P.O. Box 334  
 Glen Burnie, MD 21060

Telephone: 410-760-5841

Email: springolutionsllc@gmail.com

## 5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: Spring Solutions, LLC  
 P.O. Box 334  
 Glen Burnie, MD 21060

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## 6. Notarization

STATE OF Maryland

COUNTY OF Anne Arundel

This Application for Unclaimed Funds, dated 12-2-2020 was subscribed and sworn to before me this 2nd day of December, 2020 by

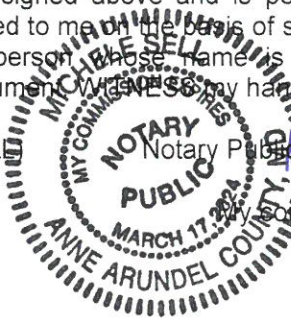
Marg'ette Porter

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires:



## 6. Notarization

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public \_\_\_\_\_

My commission expires:

UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF MISSOURI

In Re: Cathy Renee Talley

\*

Case No. 09-42734

\*

Debtor

\*

Chapter 13

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on this 2nd day of December, 2020, a copy of the foregoing Application for Unclaimed Funds and supporting documents was served by first class mail, postage, prepaid, by hand delivery, and/or electronic case filing system to:

U.S. Attorney  
Western District of Missouri  
400 E. 9<sup>th</sup> Street, Room 5510  
Kansas City, MO 64106

Date: 12/2/2020

  
Marquette Porter, Managing Member  
Spring Solutions, LLC  
P.O. Box 334  
Glen Burnie, MD 21060